



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket Number 0492611-0395																																																		
Application Number 09/09/888,762		Filing Date June 25, 2001		Examiner Burd, Kevin Michael																																																		
Group Art Unit 2631																																																						
Invention Title Correlation Shaping Multi-Signature Receiver																																																						
<b>TO THE COMMISSIONER FOR PATENTS</b>  Transmitted herewith is an amendment in the above-identified application, including:  <ol style="list-style-type: none"><li>1. Response to Office Action Under 37 C.F.R. §1.111 (4 pages);</li><li>2. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page);</li><li>3. Check in the amount of \$475.00 (for extension of time); and</li><li>4. Return-Receipt Postcard.</li></ol> <b>CLAIMS AS AMENDED</b> <table border="1"><thead><tr><th></th><th>(1)</th><th></th><th>(2)</th><th>(3)</th><th></th><th></th></tr><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th></th><th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>PRESENT NUMBER EXTRA</th><th>RATE</th><th>FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>48</td><td>Minus</td><td>48</td><td>0</td><td>x \$18</td><td>\$0.00</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>2</td><td>Minus</td><td>2</td><td>0</td><td>x \$86</td><td>\$0.00</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td colspan="4"></td><td>\$290</td><td></td></tr><tr><td colspan="5"></td><td>TOTAL</td><td>\$0.00</td></tr><tr><td colspan="4">If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td colspan="2"><b>SMALL ENTITY TOTAL</b></td><td>\$0.00</td></tr></tbody></table> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> Please charge <b>Deposit Account Number 03-1721</b> in the amount of \$_____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$_____ to cover the filing fee,</p> <p><input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our <b>Deposit Account Number 03-1721</b>. A duplicate copy of this sheet is enclosed.</p> <div> Sam Pasternack, Reg. No. 29,576  July 19, 2004 Date</div> <div><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 19, 2004.</p> Diana Ruiz</div>							(1)		(2)	(3)				CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	48	Minus	48	0	x \$18	\$0.00	INDEPENDENT CLAIMS	2	Minus	2	0	x \$86	\$0.00	MULTIPLE DEPENDENT CLAIM ADDED					\$290							TOTAL	\$0.00	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				<b>SMALL ENTITY TOTAL</b>		\$0.00
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